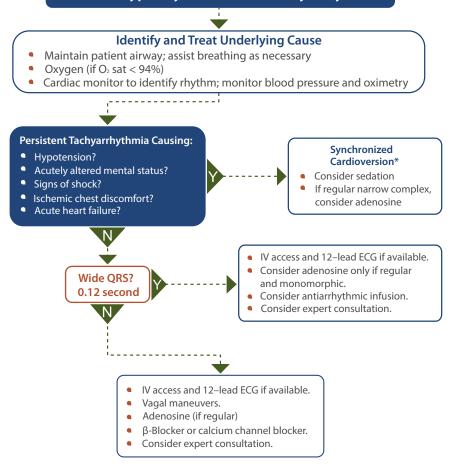
Tachycardia With a Pulse Algorithm



Assess appropriateness for clinical condition. Heart rate typically \geq 150/min if tachyarrhythmia.



Doses/Details

Synchronized Cardioversion**

Initial recommended doses:

- Narrow regular : 50–100 J
- Narrow irregular : 120–200 J biphasic or 200 J monophasic
- Wide regular : 100 J
- Wide irregular : Defibrillation dose (not synchronized)

Adenosine IV Dose:

First dose : 6 mg rapid IV push; follow with NS flush. Second dose : 12 mg if required

Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia Procainamide IV Dose:

20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases > 50% or maximum dose 17 mg/kg given. Maintenance infusion: 1–4 mg/min. Avoid if prolonged QT or CHF.

Amiodarone IV Dose:

First dose : 150 mg over 10 minutes.

Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

Sotalol IV Dose:

100 mg (1.5 mg/kg) over 5 minutes. Avoid if prolonged QT.

* Link MS, Atkins DL, Passman RS, Halperin HR, Samson RA, White RD, Cudnik MT, Berg MD, Kudenchuk PJ, Kerbenchuk PJ, Kerber RE. "Part 6: electrical therapies: automated external defibrillators, defibrillation, cardioversion, and pacing: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". Circulation. 2010;122(suppl 3): S706-S719. http://circ.ahajournals.org/content/122/18_suppl_3/S706

** Scholten M, Szili-Torok T, Klootwijk P, Jordaens L, Comparison of monophasic and biphasic shocks for transthoracic cardioversion of atrial fibrillation. Heart 2003;89:1032-1034

Version control: This document is current with respect to 2015 American Heart Association Guidelines for CPR and ECC. These guidelines are current until they are replaced on October 2020. If you are reading this page after October 2020, please contact ACLS Training Center at support@acls.net for an updated document. Version 2018.10.a

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